

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|--------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | 32 | <i>[Signature]</i> |
| FORMALITY REVIEW | <i>[Signature]</i> | 1020 | 8/24/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 1 | 4/8/02 |
| 2 | 4/9/02 |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

8/24/01